

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040650

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 128

FILED NOV 17 1958

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lincoln</u>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Brookfield</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Brookfield</u>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>613 Freeman</u>  |                                  | Length of stay in lb <u>18 years</u>  | d. STREET ADDRESS (If outside, give location)<br><u>613 Freeman</u>           |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Thomas Roland Stufflebean</u>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>November 6, 1958</u>                 |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>October 24, 1940</u>                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Clerk</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Grocery Store</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Brookfield, Missouri</u>     |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |                                  | 13a. FATHER'S NAME<br><u>William Henry Stufflebean</u>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Fern Margaret Howe</u>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>498-42-3582</u>   | 17. INFORMANT<br>Address<br><u>William Henry Stufflebean, Brookfield, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Messina</u>  |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 wk -</u>                             |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Multiple Metastasis of Syncytial tumor of pine.</u>  |                                  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Cerebral Sclerosis</u>   |                                  |   |   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>1962</u>   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |                                  |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                                     |
| 21. I attended the deceased from <u>10-14-58</u> to <u>11/6/58</u> and last saw her alive on <u>11/6/58</u><br>Death occurred at <u>2:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE<br><u>R.W. Bahner M.D.</u> (Degree or title)  |                                  | 22b. ADDRESS<br><u>Brookfield Mo.</u>   | 22c. DATE SIGNED<br><u>11/7/58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Nov. 8, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Race Hill Cemetery</u>   | 23d. LOCATION (City, town, or country) (State)<br><u>Brookfield, Missouri</u> |
| 24. FUNERAL DIRECTOR<br><u>Hill Funeral Home, Brookfield, Mo.</u>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>11-8-58</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Katharine Johnson Dep</u>                     |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Gerald I. Webb*

Licensed Embalmer No. *4172*

P. O. Address *Brown*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.